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OCT 19 2009
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45482 7590 08/06/2009

PAULEY PETERSON & ERICKSON
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HOFFMAN ESTATES, IL 60169

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Maxwell J. Petersen <i>Maxwell J. Petersen</i> 16 October 2009	(Depositor's name) (Signature) (Date)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,550	06/09/2005	Patrick T. Rigney	ITW-13619	7338

TITLE OF INVENTION: HIGH INTEGRITY POLYESTER STRAPPING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/06/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		10/20/2009 EAREGAY2 00000079 10510550		
FERGUSON, LAWRENCE D	1794	428-212000		01 FC:1501 02 FC:1504 03 FC:0001	1510.00 0P	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			Pauley Peterson & Erickson 3.00 0P		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Glenview, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number **19-3550** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Maxwell J. Petersen

Date 16 October 2009

Typed or printed name Maxwell J. Petersen

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ITW-13619